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WORKING PAPER

DEPARTMENT OF THE AIR FORCE
USAF SCHOOL OF AEROSPACE MEDICINE (AFSC)
BROOKS AIR FORCE BASE, TEXAS 78235



20 March 1980

Dr. Lawrence B. Hobson
Deputy Assistant Chief Medical Director
for Research and Development
Department of Medicine and Surgery
Veterans Administration Central Office
810 Vermont Ave, N.W.
Washington DC 20420

Dear Dr. Hobson

Thank you for extending to me the opportunity of evaluating the amount of exposure sustained by selected participants of the TCDD-Fat Biopsy Study. Although I feel my expertise might be of assistance to you, I must respectfully decline from providing you an "exposure rating." I do so because I believe that if you and your staff were to use ratings furnished by me, critics as well as concerned scientists might view negatively that a study subject was providing interpretive guidance.

I concur with you that the development of an exposure index is critical to interpretation of the TCDD analytic data. I would suggest that the exposure index be constructed so that subjective notions be converted to objective scales and that they be bounded to minimize any selected subjectivity of the rater. Thus a weighted rating system based on such parameters as follow would be appropriate:

1. Year in Vietnam (exposure was potentially greater for an individual in those years when RANCH HAND Operations were at a maximum).
2. Unit of Assignment Relative to Exposure (exposure was potentially greater for a member of a RANCH HAND squadron than for a typical combat soldier).
3. Base of Assignment (exposure was potentially greater for an individual assigned to a RANCH HAND base; e.g., Bien Hoa, than for an individual assigned to a non-RANCH HAND base; e.g., Phan Rang).
4. Duration of Exposure (the likelihood of exposure would have been greater the longer an individual was in South Vietnam).

Other parameters might also be considered.

In my view, extreme care should be rendered in constructing the "exposure index" and you should use qualified biostatisticians. Appropriate rank correlation tests should be applied at a minimum. I would even recommend that this subject be taken to the Interagency Work Group to Study the Possible Long-term Health Effects of Phenoxy Herbicides and Contaminants.

WORKING PAPER

Please understand that I am not in a position to respond fully to your requested services as outlined in your letter. I believe it is appropriate that I not be placed in any position that might conceivably jeopardize studies conducted by the Veterans Administration or the Air Force. I have been made aware of Dr. Haber's contact with Mr. Joseph Zengerle (SAF/MI) requesting my services on more than a part time or ad-lib basis. Because of this high level contact for my services or comments, for the immediate future, further requests for my assistance should be directed to SAF/MI.

Again, I thank you and other VA Staff members for this and past opportunities to assist in resolution of the Herbicide Orange issue.

Sincerely

ALVIN L. YOUNG, Major, USAF, PhD
Consultant, Environmental Sciences

Cy to: HQ AMD/SG
HQ AFSC/SG
HQ USAF/SG
SAF/MI

21 March 1980

Dr. Lawrence B. Hobson
Deputy Assistant Chief Medical Director
for Research and Development
Department of Medicine and Surgery
Veterans Administration Central Office
810 Vermont Ave, N.W.
Washington DC 20420

Dear Dr. Hobson

Thank you for extending to me the opportunity of evaluating the amount of potential exposure sustained by selected participants of the TCDD-Fat Biopsy Study. Although I feel my expertise might be of assistance to you, I must respectfully decline from providing you an "exposure rating." I do so because I believe that if you and your staff were to use ratings furnished by me, critics as well as concerned scientists might view negatively a study subject providing interpretive guidance.

I concur with you that the development of an exposure index may be relevant. I would suggest that any exposure index be constructed so that subjective notions be converted to objective scales and that they be bounded to minimize any selected subjectivity of the rater. Thus a weighted rating system based on such parameters as follow may be appropriate:

1. Year in Vietnam (exposure was potentially greater for an individual in those years when RANCH HAND Operations were at a maximum)
2. Unit of Assignment Relative to Exposure (exposure was potentially greater for a member of a RANCH HAND squadron than for a typical combat soldier).
3. Location of Assignment (Combat Tactical Zones and the individual Provinces varied significantly on the amount of herbicides they received).
4. Duration of Assignment (the likelihood of exposure would have been greater the longer an individual was in South Vietnam).

Other parameters might also be considered.

In my view, extreme care should be rendered in constructing the "exposure index" and you should use qualified biostatisticians. Appropriate rank correlation tests should be applied at a minimum. I would recommend that this task be undertaken by the Interagency Work Group established to study the possible long-term health effects of phenoxy herbicides and contaminants.

EK

John
21 Mar 80

CEA

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Pro
AMD/cv *DA*

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Again, I thank you and other VA Staff members for this and past opportunities to assist in resolution of the Herbicide Orange issue.

Sincerely

ALVIN L. YOUNG, Major, USAF, PhD
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